

Bail Navigator Program Referral Form

Participant Name: _____
(First Name) (Middle Name) (Last Name)

Date of Birth: _____
(Year/Month/Day)

Current Institution Location: _____

Pending Charges: _____

Ineligibility check list:

- | | |
|--|---|
| <input type="checkbox"/> A history of repeated offences | <input type="checkbox"/> Unlawful possession of a loaded prohibited or restricted firearm, breaking and entering to steal a firearm, robbery to steal a firearm, or making an automatic firearm |
| <input type="checkbox"/> Active gang membership | <input type="checkbox"/> Indictable offences alleged to involve firearms or other weapons where the accused is subject to a weapons prohibition order |
| <input type="checkbox"/> Sexual assault charges | <input type="checkbox"/> A serious offence involving violence and the use of a weapon where the accused was previously convicted of an offence with the same criteria |
| <input type="checkbox"/> A prior conviction involving violence against an intimate partner | |
| <input type="checkbox"/> Arson charges | |
| <input type="checkbox"/> Repeated convictions of drug trafficking | |
| <input type="checkbox"/> An indictable offence committed while they were released on bail for another indictable offence | |

Lawyer Name: _____

Phone Number(s): _____

Email: _____

Articling Student Name: _____

Phone Number(s): _____

Email: _____

Email or fax this form to Julie Nyman along with a **signed consent form** for release of information, a **current CPIC**, and a **Police Report**.

Email: jnyman@johnhoward.mb.ca | Fax: 204-775-1670

